

## APPLICATION DATA SHEET

### **Application Information**

Application Type:: Regular  
Title:: METHODS AND APPARATUS FOR  
TREATING INTERVERTEBRAL DISCS  
Attorney Docket Number:: S-12  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 19  
Small Entity?:: NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: C.  
Family Name:: Hovda  
City of Residence:: Mountain View  
Country of Residence:: USA  
Street of mailing address:: 1900 Miramonte Avenue  
City of mailing address:: Mountain View  
State or Province of  
mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of  
mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: E.  
Family Name:: Martini  
City of Residence:: Menlo Park  
Country of Residence:: USA  
Street of mailing address:: 25 Harrison Way  
City of mailing address:: Menlo Park  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Allison  
Middle Name:: C.  
Family Name:: Johnson  
City of Residence:: San Mateo  
Country of Residence:: USA  
Street of mailing address:: 702 S. Delaware Street  
City of mailing address:: San Mateo  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94402

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Norman  
Middle Name:: R.  
Family Name:: Sanders  
City of Residence:: Hillsborough  
Country of Residence:: USA  
Street of mailing address:: 35 Knollcrest Road  
City of mailing address:: Hillsborough  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94010

### **Correspondence Information**

Correspondence Customer Number:: 021394  
Name:: ArthroCare Corporation  
Street of mailing address:: 680 Vaqueros Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94085-3523  
Phone number:: (408) 736-0224  
Fax Number:: (408) 530-9143  
E-Mail address:: rbatt@arthrocure.com

### **Representative Information**

Representative Customer Number:: 021394

**Domestic Priority Information**

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non Provisional of | 60/408,967           | 9/5/2002             |
|                  |                    |                      |                      |
|                  |                    |                      |                      |

**Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |

**Assignee Information**

Assignee name:: ArthroCare Corporation  
Street of mailing address:: 680 Vaqueros Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: California  
Postal or Zip Code of mailing address:: 94085-3523